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**CONFIRMATION NO. 5419**

Bib Data Sheet

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>08/253,973 | FILING OR 371(c)<br>DATE<br>06/03/1994<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1618 | ATTORNEY<br>DOCKET NO.<br>09744-008001 /<br>DITI-109 |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 07/807,062 11/27/1991 PAT 5,443,815

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|                           |  |                                 |   |                        |                |                    |                         |
|---------------------------|--|---------------------------------|---|------------------------|----------------|--------------------|-------------------------|
| Foreign Priority claimed  | <input type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>NH | SHEETS DRAWING | TOTAL CLAIMS<br>36 | INDEPENDENT CLAIMS<br>3 |
| Verified and Acknowledged | Examiner's Signature                                     | Initials                        |   |                        |                |                    |                         |

**ADDRESS**

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**TITLE**

MONOAMINE, DIAMIDE, THIOL-CONTAINING METAL CHELATING AGENTS

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|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1107 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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